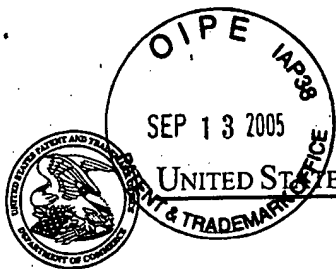


<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> <b>OFFICE OF THE PATENT &amp; TRADEMARK OFFICE</b>  <b>SEP 13 2005</b>  <b>MAIL STOP</b> </div> <div> <b>FREE TRANSMITTAL</b>  <b>For FY 2005</b>  <b>MAIL STOP Amendment</b> </div> </div>				Complete If Known																																																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application No.</td> <td>10/643,878</td> </tr> <tr> <td>Filing Date</td> <td>August 20, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Kevin T. Foley et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Daniel J. Davis</td> </tr> <tr> <td>Art Unit</td> <td>3731</td> </tr> <tr> <td>Attorney Docket No.</td> <td>64118.000036</td> </tr> </table>	Application No.	10/643,878	Filing Date	August 20, 2003	First Named Inventor	Kevin T. Foley et al.	Examiner Name	Daniel J. Davis	Art Unit	3731	Attorney Docket No.	64118.000036																																										
Application No.	10/643,878																																																							
Filing Date	August 20, 2003																																																							
First Named Inventor	Kevin T. Foley et al.																																																							
Examiner Name	Daniel J. Davis																																																							
Art Unit	3731																																																							
Attorney Docket No.	64118.000036																																																							
<b>Total Amount Of Payment (\$)</b> 120.00																																																								
<b>METHOD OF PAYMENT</b> (check all that apply)																																																								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (identify): _____																																																								
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <b>50-0206</b> Deposit Account Name: <b>Hunton &amp; Williams LLP</b>																																																								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																								
<input type="checkbox"/> Charge fee(s) indicated below. <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>																																																								
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments.																																																								
<b>FEE CALCULATION</b>																																																								
<b>1. BASIC FILING, SEARCH AND EXAMINATION FEES</b>																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee(\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300.00</td> <td>150.00</td> <td>500.00</td> <td>250.00</td> <td>200.00</td> <td>100.00</td> <td></td> </tr> <tr> <td>Design</td> <td>200.00</td> <td>100.00</td> <td>100.00</td> <td>50.00</td> <td>130.00</td> <td>65.00</td> <td></td> </tr> <tr> <td>Plant</td> <td>200.00</td> <td>100.00</td> <td>300.00</td> <td>150.00</td> <td>160.00</td> <td>80.00</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300.00</td> <td>150.00</td> <td>500.00</td> <td>250.00</td> <td>600.00</td> <td>300.00</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200.00</td> <td>100.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table>			Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Utility	300.00	150.00	500.00	250.00	200.00	100.00		Design	200.00	100.00	100.00	50.00	130.00	65.00		Plant	200.00	100.00	300.00	150.00	160.00	80.00		Reissue	300.00	150.00	500.00	250.00	600.00	300.00		Provisional	200.00	100.00	0.00	0.00	0.00	0.00	
Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																
	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)																																																		
Utility	300.00	150.00	500.00	250.00	200.00	100.00																																																		
Design	200.00	100.00	100.00	50.00	130.00	65.00																																																		
Plant	200.00	100.00	300.00	150.00	160.00	80.00																																																		
Reissue	300.00	150.00	500.00	250.00	600.00	300.00																																																		
Provisional	200.00	100.00	0.00	0.00	0.00	0.00																																																		
<b>2. EXCESS CLAIMS FEES</b>																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>For</th> <th>Number Present</th> <th>Highest Number Paid For</th> <th>Extra</th> <th>Fees (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>11</td> <td>20</td> <td>0x</td> <td>50.00</td> <td>25.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>1</td> <td>0x</td> <td>200.00</td> <td>100.00</td> <td></td> </tr> <tr> <td>Multiple Dependent Claim</td> <td></td> <td></td> <td></td> <td>360.00</td> <td>180.00</td> <td></td> </tr> <tr> <td colspan="7">Total Excess Claims Fees</td> </tr> </tbody> </table>			For	Number Present	Highest Number Paid For	Extra	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Total Claims	11	20	0x	50.00	25.00		Independent Claims	1	1	0x	200.00	100.00		Multiple Dependent Claim				360.00	180.00		Total Excess Claims Fees																									
For	Number Present	Highest Number Paid For	Extra	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																																		
Total Claims	11	20	0x	50.00	25.00																																																			
Independent Claims	1	1	0x	200.00	100.00																																																			
Multiple Dependent Claim				360.00	180.00																																																			
Total Excess Claims Fees																																																								
<b>3. APPLICATION SIZE FEE</b> (if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).)																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>No. of Each Additional 50 or Fraction Thereof</th> <th>Fees (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>0 / 50 =</td> <td>_____ (round up to a whole number) x</td> <td>250.00</td> <td>125.00</td> <td></td> </tr> </tbody> </table>			Total Sheets	Extra Sheets	No. of Each Additional 50 or Fraction Thereof	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)	- 100 =	0 / 50 =	_____ (round up to a whole number) x	250.00	125.00																																											
Total Sheets	Extra Sheets	No. of Each Additional 50 or Fraction Thereof	Fees (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																																			
- 100 =	0 / 50 =	_____ (round up to a whole number) x	250.00	125.00																																																				
<b>4. OTHER FEE(S)</b>																																																								
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Non-English Specification (no small entity discount)  <input type="checkbox"/> Surcharge - late filing fee or oath  <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet  <input checked="" type="checkbox"/> One - Month Extension of Time    120.00  <input type="checkbox"/> Submission of Information Disclosure Statement  <input type="checkbox"/> Notice of Appeal  <input type="checkbox"/> Request for Oral Hearing  <input type="checkbox"/> Filing Brief in Support of Appeal  <input type="checkbox"/> Filing Submission After Final Rejection             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)  <input type="checkbox"/> Design Issue Fee  <input type="checkbox"/> Plant Issue Fee  <input type="checkbox"/> Petition to Commissioner  <input type="checkbox"/> Petition to Revive (Unavoidable)  <input type="checkbox"/> Petition to Revive (Unintentional)  <input type="checkbox"/> Petitions Related to Provisional Applications  <input type="checkbox"/> Recording Each Patent Assignment Per Property  <input type="checkbox"/> Other (specify) _____             </td> </tr> </table>			<input type="checkbox"/> Non-English Specification (no small entity discount) <input type="checkbox"/> Surcharge - late filing fee or oath <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet <input checked="" type="checkbox"/> One - Month Extension of Time    120.00 <input type="checkbox"/> Submission of Information Disclosure Statement <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Request for Oral Hearing <input type="checkbox"/> Filing Brief in Support of Appeal <input type="checkbox"/> Filing Submission After Final Rejection	<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) <input type="checkbox"/> Design Issue Fee <input type="checkbox"/> Plant Issue Fee <input type="checkbox"/> Petition to Commissioner <input type="checkbox"/> Petition to Revive (Unavoidable) <input type="checkbox"/> Petition to Revive (Unintentional) <input type="checkbox"/> Petitions Related to Provisional Applications <input type="checkbox"/> Recording Each Patent Assignment Per Property <input type="checkbox"/> Other (specify) _____																																																				
<input type="checkbox"/> Non-English Specification (no small entity discount) <input type="checkbox"/> Surcharge - late filing fee or oath <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet <input checked="" type="checkbox"/> One - Month Extension of Time    120.00 <input type="checkbox"/> Submission of Information Disclosure Statement <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Request for Oral Hearing <input type="checkbox"/> Filing Brief in Support of Appeal <input type="checkbox"/> Filing Submission After Final Rejection	<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) <input type="checkbox"/> Design Issue Fee <input type="checkbox"/> Plant Issue Fee <input type="checkbox"/> Petition to Commissioner <input type="checkbox"/> Petition to Revive (Unavoidable) <input type="checkbox"/> Petition to Revive (Unintentional) <input type="checkbox"/> Petitions Related to Provisional Applications <input type="checkbox"/> Recording Each Patent Assignment Per Property <input type="checkbox"/> Other (specify) _____																																																							
<b>SUBMITTED BY</b>																																																								
Signature		Registration No. 43,606    Telephone 202.955.1923																																																						
Typed or Printed Name Ozzie A. Farres		Date 9/13/05																																																						



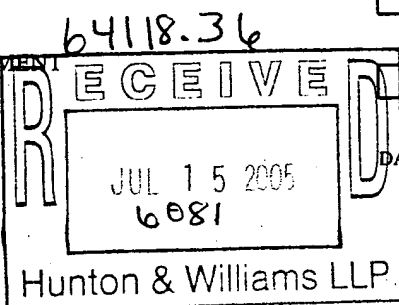
PAD/TMM

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,878	08/20/2003	Kevin T. Foley	2165.0010003	5214

21967 7590 07/13/2005

HUNTON & WILLIAMS LLP  
INTELLECTUAL PROPERTY DEPARTMENT  
1900 K STREET, N.W.  
SUITE 1200  
WASHINGTON, DC 20006-1109



EXAMINER

DAVIS, DANIEL J

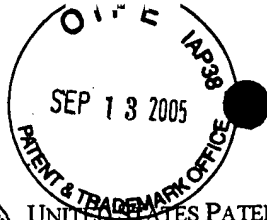
ART UNIT PAPER NUMBER

3731

DATE MAILED: 07/13/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

DOCKETED	7-15-05
ACTION CODE	Corrected Amendment
BASE DATE	7-13-05
DUE DATE	8-13-05
DEADLINE	1-13-06
ATTORNEYS	
INITIALS	X



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
P.O. Box 1450  
ALEXANDRIA, VA 22313-1450  
www.uspto.gov

### Notice of Non-Compliant Amendment (37 CFR 1.121)

The amendment document filed on 07/06/05 is considered non-compliant because it has failed to meet the requirements of 37 CFR 1.121. In order for the amendment document to be compliant, correction of the following item(s) is required. **Only the corrected section of the non-compliant amendment document must be resubmitted (in its entirety), e.g., the entire "Amendments to the claims" section of applicant's amendment document must be re-submitted. 37 CFR 1.121(h).**

THE FOLLOWING CHECKED (X) ITEM(S) CAUSE THE AMENDMENT DOCUMENT TO BE NON-COMPLIANT:

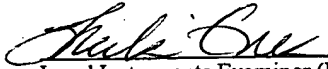
- ☐ 1. Amendments to the specification:
- ☐ A. Amended paragraph(s) do not include markings.
  - ☐ B. New paragraph(s) should not be underlined.
  - ☐ C. Other \_\_\_\_\_
- ☐ 2. Abstract:
- ☐ A. Not presented on a separate sheet. 37 CFR 1.72.
  - ☐ B. Other \_\_\_\_\_
- ☐ 3. Amendments to the drawings: \_\_\_\_\_
- ☒ 4. Amendments to the claims:
- ☐ A. A complete listing of all of the claims is not present.
  - ☐ B. The listing of claims does not include the text of all pending claims (including withdrawn claims)
  - ☐ C. Each claim has not been provided with the proper status identifier, and as such, the individual status of each claim cannot be identified. Note: the status of every claim must be indicated after its claim number by using one of the following 7 status identifiers: (Original), (Currently amended), (Canceled), (Withdrawn), (Previously presented), (New) and (Not entered).
  - ☐ D. The claims of this amendment paper have not been presented in ascending numerical order.
  - ☒ E. Other: Claims 12-20 were cancel in amdt. 08/20/03 please correct.

For further explanation of the amendment format required by 37 CFR 1.121, see MPEP Sec. 714 and the USPTO website at <http://www.uspto.gov/web/offices/pac/dapp/opla/preognotice/officeflyer.pdf>.

If the non-compliant amendment is a **PRELIMINARY AMENDMENT**, applicant is given ONE MONTH from the mail date of this letter to supply the corrected section which complies with 37 CFR 1.121. Failure to comply with 37 CFR 1.121 will result in non-entry of the preliminary amendment and examination on the merits will commence without consideration of the proposed changes in the preliminary amendment(s). This notice is not an action under 35 U.S.C. 132, and this **ONE MONTH** time limit is **not extendable**.

If the non-compliant amendment is a reply to a **NON-FINAL OFFICE ACTION** (including a submission for an RCE), and since the amendment appears to be a *bona fide* attempt to be a reply (37 CFR 1.135(c)), applicant is given a TIME PERIOD of ONE MONTH from the mailing of this notice within which to re-submit the corrected section which complies with 37 CFR 1.121 in order to avoid abandonment. **EXTENSIONS OF THIS TIME PERIOD ARE AVAILABLE UNDER 37 CFR 1.136(a).**

If the amendment is a reply to a **FINAL REJECTION**, this form may be an attachment to an Advisory Action. The period for response to a final rejection continues to run from the date set in the final rejection, and is not affected by the non-compliant status of the amendment.

  
Legal Instruments Examiner (LIE)  
Sheila Green

571-272-4352  
Telephone No.